

TEXAS HISTORICAL COMMISSION

Texas Historic Preservation Tax Credit Application Part A: Evaluation of Significance

Read instructions carefully before completing application. No certification will be made unless a completed, signed application form has been received.
Type or print clearly in black ink. Signatures must be original. If additional space is needed, attach blank sheets. 12/2014

State Project ID:

THPTC - - -

☐ State Only

☐ State and Federal

Federal Project ID:

THC - - -

Property Name: _____

Property Address: _____
Street City County Zip Code

Historic Designation

- ☐ Individually listed on the National Register of Historic Places
☐ Individually listed as a Recorded Texas Historic Landmark
☐ Individually listed as a State Antiquities Landmark

- ☐ Contributing resource in existing National Register District
☐ Contributing resource in certified Local Historic District
Name of district: _____

- ☐ This is a preliminary request for individual determination of eligibility for the National Register of Historic Places

- ☐ This is a preliminary request for a property outside the Area or Period of Significance of an existing district

Applicant			Project Contact		
Name			Name		
Company			Company		
Address			Address		
City	State	Zip	City	State	Zip
Telephone	Email		Telephone	Email	
Property Owner 1			Property Owner 2		
Name			Name		
Company			Company		
Address			Address		
City	State	Zip	City	State	Zip
Telephone	Email		Telephone	Email	

THC Official Use Only

The Texas Historical Commission has reviewed Part A for the above-named property and has determined that the property:

- ☐ is currently listed individually on the National Register, or as a State Antiquities Landmark or Recorded Texas Historic Landmark.
Date of listing _____ Name as listed (if different from above) _____
☐ contributes to the significance of the above-named district or National Register property and is a certified historic structure.
☐ does not contribute to the significance of the above-named district or property.

Preliminary determinations of eligibility:

- ☐ appears to meet the National Register Criteria for Evaluation or criteria for approval as a SAL or RTHL, and will likely be listed as such if nominated according to official procedures.
☐ does not appear to meet the criteria for individual listing in the National Register or as a SAL or RTHL.
☐ appears to contribute to the significance of a potential historic district, which will likely be listed if duly nominated.
☐ appears to contribute to the significance of a registered historic district if the period or area of significance as currently documented in NPS/THC records is expanded.
☐ does not appear to qualify as a certified historic structure.
☐ cannot be evaluated because insufficient information has been provided.

Texas Historical Commission Authorized Signature

Date

Description of Physical Appearance

(add continuation sheets if necessary)

Construction date(s) _____ Date(s) of alterations _____ Source(s) of date(s) _____

No. buildings on site _____ No. buildings contributing _____ Has building been moved? ☐Y ☐N Date _____**Statement of Significance**

(add continuation sheets if necessary)

Note: this section is not required if the property is a Registered Texas Historic Landmark or State Antiquities Landmark and has no additional outbuildings or secondary resources.

Photographs and Maps

Please submit photos (exterior and interior) and a map with your application. See instructions for details.

Applicant Agreement

I hereby swear or affirm, under penalty of perjury, that the information which has been provided in this application is, to the best of my knowledge, true, correct, and complete. I further swear or affirm that I am the owner or have the authority to act on behalf of the owner(s) of the above-described property (within the meaning of *owner* set forth in Title 13, section 13.1 of the Texas Administrative Code). If I am not the owner of this property, the owner(s) is/are aware of the action I am taking relative to this application, has no objection, and has signed below to affirm the same.

Applicant Signature_____
Applicant Name_____
Date_____
Owner Signature_____
Owner Name_____
Date☐ Continuation sheets attached